## South Dakota Re-Opening Checklist for Long-Term Care

### Definitions

- **Adequate staffing**: The ability to cover the needs of the facility and residents per state and federal guidelines.
- **Compassionate care**: End of life care; psychosocial well-being needs. Members of the certified hospice provider team (RN, nurse aide, social worker, clergy) are allowed to care for the resident.
- **Essential Healthcare Worker (HCW)**: Includes beautician/barber, clergy, DOH ombudsman, SD DOH surveyors, physicians.
- **Family**: Any support person defined by the resident as family, including friends, neighbors and/or relatives.
- **Healthcare Personnel (HCP)**: HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).
- **Limited communal dining**: For COVID-19 negative or asymptomatic residents only. Residents may use the same dining room with limited number of people at tables and social distancing spaced at least 6 feet apart.
- **Non-essential personnel**: Non-essential healthcare personnel, such as those providing elective consultations, personnel providing non-essential services, and volunteers from entering the building.
- **Restricted group activities**: For COVID-19 negative or asymptomatic residents only. With social distancing, hand hygiene and use of cloth face covering or facemask.
- **Screening for all visitors and staff**: Temperature checks, cloth face covering or facemask, questionnaire about symptoms and potential exposure, observation of any signs or symptoms.
- **Universal source control**: Cloth face covering or face mask. Social distancing of 6 feet and hand washing or sanitizing upon entry and exit.
- **Visitor**: Blood relative, the resident's personal representative, or significant other/friend.
- **Prioritized Visits**: For residents who require end of life care, a cognitive decline, feelings of loneliness or depression, spirituality, decreased mobility, or their overall well-being declined physically and mentally by not receiving the benefits of individualized care.

### Case Status in County

- **Phase 1**: More than minimal to moderate community spread
- **Phase 2**: No community spread
- **Phase 3**: Back to Normal / Re-Opening

### Case Status in Nursing Facility or Assisted Living Center

- **Phase 1**: Suspected or confirmed case
- **Phase 2**: No new onset, 14 days since last positive or suspected case
- **Phase 3**: No new onset, 28 days since last positive or suspected case

### Restrictions in Place

<table>
<thead>
<tr>
<th>Staffing</th>
<th>Social distancing, hand hygiene</th>
<th>Universal Source Control</th>
<th>Screening of Staff</th>
<th>Screening of Visitors</th>
<th>Social distancing, hand hygiene</th>
<th>Adequate staffing levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory</td>
<td>For everyone in the facility</td>
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### Compassionate Care & Psycho-Social Well-Being Visits

- **Visitation**: Allowed with screening additional precautions for COVID-19 negative or asymptomatic residents only. Residents may use the same dining room with limited number of people at tables and social distancing spaced at least 6 feet apart.

### Non-Essential Personnel

- **Physician/Medical Provider**: Allowed with restrictions
- **Visit Guidelines**: Restricted entry
- **Visitations Inside**: Generally prohibited

### Essential Personnel

- **Physician/Medical Provider**: Allowed with screening and additional precautions
- **Visit Guidelines**: Restricted entry
- **Visitations Inside**: Generally allowed with social distancing and masks

### Visitation Outside

- **Volunteers**: Restricted entry

### Other Activity

- **Group Activities Inside**: Restricted or limited
- **Group Activities Outside**: Restricted or Limited
- **Non-Medically Necessary Trips**: Should be avoided - encourage telemedicine

### Ombudsman Operations

- **Telephonic and virtual visits only; Ombudsman will share reported concerns of IJ or actual harm to resident(s) with DOH**: Telephonic and virtual visits; Ombudsman will share reported concerns of IJ or actual harm to resident(s) with DOH; Visits in compliance with facility guidelines

### Testing

- **Point Prevalence Testing**: If a positive case is identified in the facility
- **Testing of Residents**: Baseline/mass testing completed
- **Testing of Staff**: Baseline/mass testing completed

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<table>
<thead>
<tr>
<th>OTHER ACTIVITY</th>
<th>TELEPHONE AND VIRTUAL VISITS</th>
<th>VISITATION</th>
<th>WORKSITE HEALTHCARE</th>
<th>SURVEY OPERATIONS</th>
<th>OMBUDSMAN OPERATIONS</th>
<th>SALON/BARBER SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definitive</strong></td>
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<td><strong>Phase 2</strong></td>
<td><strong>Phase 2</strong></td>
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<td><strong>Phase 3</strong></td>
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